

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6/16/05</u>		2 Serial/Patent # <u>10/517039</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ 200.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <table style="border: none; width: 100%;"> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></table>	
10 REASON:			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>703-308-9140 X203</u>	
OFFICE: *****		Refund Ref: <u>06/16/2005</u>	
THIS SPACE RESERVED FOR FINANCE USE ONLY:		Credit Card Refund Total: <u>\$200.00</u>	
APPROVED: _____		DATE: <u>VISA.....XXXXXXXXX8991</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B